



May 20, 2012

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: April 2012 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

Please find enclosed the April 2012 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

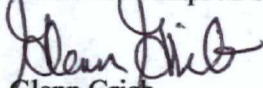
Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters were within permitted limits.
- The treatment plant operated well during the month of April.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,

Weston & Sampson Services, Inc., on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager

Enclosure

Cc: Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Carl Januszkiewicz – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

307550



**Massachusetts**

Five Centennial Drive (HQ)  
Peabody, MA 01960-7985

**Connecticut**

273 Dividend Road  
Rocky Hill, CT 06067

**Rhode Island**

477B Tiogue Avenue  
Coventry, RI 02816

**New Hampshire**

100 International Drive  
Suite 152  
Portsmouth, NH 03801

**Maine**

PO Box 189  
York, ME 03909

**Vermont**

96 South Main Street  
Suite 2  
Waterbury, VT 05676

**New York**

301 Manchester Road  
Suite 201A  
Poughkeepsie, NY 12603

**Florida**

1990 Main Street  
Suite 750  
Sarasota, FL 34236

100 Foxborough Blvd., Suite 250  
Foxborough, MA 02035  
225 New Boston Street  
Woburn, MA 01801  
One Trowbridge Road, Suite 750  
Bourne, MA 02532

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.  
\*          
\*NJ Permit Equivalent

REPORTING PERIOD  
M o. Y r.      M o. Y r.  
        

**PERMITTEE:** Name: SCA Services, Inc.  
Address: 383 Meadow Road  
Edison, New Jersey 08817

**FACILITY:** Name: Kin-Buc Landfill  
Address: 383 Meadow Road  
Edison, New Jersey 08817  
Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009  
☐ EPA Form 3320-1

SLUDGE REPORT-INDUSTRIAL  
☐ T-VWX-010A ☐ T-VWX-010B

WASTEWATER REPORTS  
☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

GROUNDWATER REPORTS  
☐ T-VWX-015(A,B) ☐ T-VWX-016 ☐ T-VWX-017  
☐ ELECTRONIC SUBMISSION

	YES	NO
DYE TESTING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEMPORARY BYPASSING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DISINFECTION INTERRUPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MONITORING MALFUNCTIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNITS OF OPERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NPDES DISCHARGE MONITORING  
☒ EPA Form 3320-1

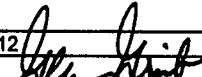
(Detail any "Yes" on reverse side in appropriate space.)

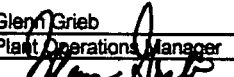
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

**AUTHENTICATION** I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**LICENSED OPERATOR**

**PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb  
Grade & Registry No. N-4 : 0021212  
Signature 

Name (Printed) Glenn Grieb  
Title (Printed) Plant Operations Manager  
Signature 

Date May 24, 2012

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH 

0	4
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 YEAR 

1	2
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Licensed Operator  
Others

Licensed Operator  
Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
0	8	8	8	0	0	0	0	0	0	0	0	0	0	2	9
0	8	8	8	8	8	0	2	8	8	8	8	8	4	2	4
17	18	19	20	21	22	23	24	25	26	27	28	29	30		
9	0	3	3	0	0	0	0	0	8	8	0	8	3		
8	8	10	8	2	0	8	16	16	8	8	0	8	8		

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY


LOCATION

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	04	01	12	04	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020816	0.032369	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	***	8.22	*****	8.41	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.8				
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.79	1.0	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	16				
COD	SAMPLE MEASUREMENT	25.10	29.75	kg/day	*****	220	250	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY				
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.3	<1.3	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220				
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.21	0.22	kg/day	*****	2.00	2.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	46(1)				
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	7.7	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN Instantaneous	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under those statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732   572-4743		12 05 24	
TYPED OR PRINTED						AREA CODE	NUMBER		YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	04	01	12	04	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000084	<0.0000088	kg/day	*****	<0.08	<0.08	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.02		*****	52	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000115	<0.0000118	kg/day	*****	<0.11	<0.11	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000136	<0.0000140	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000105	<0.0000108	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000105	<0.0000108	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	134			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000157	<0.0000162	kg/day	*****	<0.15	<0.15	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000136	<0.0000140	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	80			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<div>I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 &amp; 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</div>					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		12 05 24		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)											

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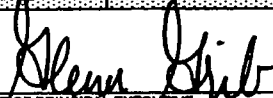
SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000094	<0.0000097	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.094	0.010		*****	28	89			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000151	<0.0000158	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.018		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000038	<0.0000039	kg/day	*****	<0.036	<0.036	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000203	<0.0000244	kg/day	*****	<0.20	<0.24	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000114	<0.0000163	kg/day	*****	<0.111	<0.160	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000110	<0.0000112	kg/day	*****	<0.105	<0.110	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000128	<0.0000204	kg/day	*****	<0.123	<0.200	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732	572-4743	12	05
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DA	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)  
<0.00017

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS


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LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT		001	
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YEAR	MO	DAY	TO
12	04	01	12 04 30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000204	<0.0000205	kg/day	*****	<0.185	<0.200	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001797	<0.0003619	kg/day	*****	1.6	3.2	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000010	<0.0000011	kg/day	*****	<0.010	<0.010	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000012	<0.0000012	kg/day	*****	<0.011	<0.011	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000678	0.000146		*****	0.36	0.796			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000173	<0.0000181	kg/day	*****	<0.16	<0.16	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.6(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000227	<0.0000238	kg/day	*****	<0.21	<0.21	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000141	<0.0000147	kg/day	*****	<0.13	<0.13	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)		TELEPHONE	DATE		
Glenn Grieb Project Manager			732 572-4743	12 05 24		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS  
  
FACILITY  
LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000130	<0.0000136	kg/day	*****	<0.12	<0.12	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0006576	0.0007918	kg/day	*****	6.10	7.00	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*****	65.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.0000963	<0.0001007	kg/day	*****	0.9	0.9	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	46.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0004760	0.0004977	kg/day	*****	4.40	4.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0006904	0.0008363	kg/day	*****	6.4	7.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	0.0002704	0.0002828	kg/day	*****	2.50	2.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0036498	0.0037414	kg/day	*****	33.8	34.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.180	0.381		*****	324	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		12 05 24	
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)




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YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC	SAMPLE MEASUREMENT	0.0005733	0.0005895	kg/day	*****	5.3	5.3	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.177	0.358		*****	1178	2350			weekly	comp	
CYANIDE	SAMPLE MEASUREMENT	<0.0002128	<0.0002828	kg/day	*****	2.0	2.5	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.002	0.004		*****	18.2	28.4			weekly	comp	
ALUMINUM	SAMPLE MEASUREMENT	0.0074882	0.0079229	kg/day	*****	69.0	72.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp	
IRON	SAMPLE MEASUREMENT	0.0087625	0.0091617	kg/day	*****	81.0	81.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	80.0	162		*****	332000	1070000			weekly	comp	
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	n/a	*****	*****	%	0			
	PERMIT REQUIREMENT	*****	*****	*****	50(3)	*****	*****			see permit	equivalent	
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.250	0.290	mg/l	0	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	4.9	19.0			2/month	comp	
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
Glenn Grieb Project Manager								732	572-4743	12	05	24
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)										